



**CITY OF OSHKOSH PARKS DEPARTMENT  
POLLOCK COMMUNITY WATER PARK  
2023 - FINANCIAL ASSISTANCE APPLICATION**

*Please note: The information requested below is confidential and is necessary to help determine the degree of need for each applicant. **All information shall be filled in legibly AND SUPPORTING DOCUMENTATION ATTACHED or the application will not be considered for assistance. Application deadline is Friday, May 5, 2023.** Qualifying applicants will be randomly chosen until available funding is exhausted. If chosen for assistance this year, applicants will be notified in May.*

**(Please print legibly)**

Date of Application: \_\_\_\_\_2023

Name of Contact Person (Head of Household): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Part 1. Water Park Pass Applied For:**

Youth (3-17 years old)

Adult (18-59 years old)

Senior (60+ years)

Family

**Part 2. Names of ALL Household Members (all that wish to secure either a single or family pass shall have their names listed below) **\*Please note a family pass is limited to 2 adults\*:****

	Name	Birth Date	Gender
1.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
2.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
3.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
4.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
5.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
6.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

7. \_\_\_\_\_  M  F

8. \_\_\_\_\_  M  F

Part 3. Eligibility Qualifications:

A. The above family currently qualifies for free or reduced lunch at school: **(If yes and letter is provided, no other information is required)**

Yes  No

**Please submit a copy of the letter you received from the Oshkosh Area School District that proves eligibility for the free or reduced food program through June 2023**

B. Total Household Income & Income Eligibility Guidelines. Please tell us your total monthly household income for **ALL** family members. NOTE: Income levels will be compared to State's Income Eligibility Guidelines (attached).

Below, please list everyone in household along with **last month's income and how often it was received**

*Example:* \$100/month \$100/twice a month \$100/every other week \$100/weekly

Earnings from Work Before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

C. Special Hardship Situation

**If for any reason an applicant is not able to provide the information above,** please list reasons why consideration should be given to qualify for the Financial Assistance Program.

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Part 4. Signature

I hereby verify that the information stated on this application is true.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Applicant Signature  
(shall be 18 years or over)

\_\_\_\_\_, 2023  
Date

Submit this completed application to the Oshkosh Parks Department, 805 Witzel Avenue, Oshkosh WI 54902

**Please complete this application in its entirety to ensure eligibility for funding consideration.**

## INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
For Each Additional Household Member Add	+\$8,732	+\$728	+\$168